



தமிழ்நாடு அரசு
GOVERNMENT OF TAMIL NADU

மாற்றுத்திறனாளிகள் நலத்துறை
Department for the Welfare
of the Differently Abled

உதவிகள் பதிவு புத்தகம்
PASS BOOK

மாற்றுத்திறனாளிகள் நல ஆணையர்,
சென்னை, தமிழ்நாடு அவர்களால் வழங்கப்பட்டது.

Issued by :
Commissioner, Welfare of the Differently Abled,
Chennai, Tamil Nadu

410-8—1

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GOVERNMENT OF TAMIL NADU

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வழங்கும் அதிகாரம்
தமிழ்நாடு அரசு

Issuing Authority
Government of Tamil Nadu



மாநில குறியீடு State Code	மாவட்டத்தின் பெயர் Name of the District	உடனத்தின் குறியீடு Disability Code	அடையாள அட்டை எண் Identity Card No.
TN	MDU	1D	4877

குறிப்பு

இந்த அடையாள அட்டைக்குரியவர் மத்திய, மாநில, அரசு சார்ந்த மற்றும் உள்ளாட்சி நிர்வாகங்களால் வழங்கப்படும் உதவிகள் /சலுகைகள் அவ்வப்போது வெளியிடப்படும் சட்டம்/விதி/அறிவுரைகளுக்குட்பட்டு பெறத் தகுதியுடையவராகிறார்.

தவறான வழியினாலோ/மோசடியாகவோ மாற்றுத்திறனாளிகளுக்கான சலுகைகளை பெறுதல்/பெற முயற்சித்தல் தண்டனைக்குரியது ஆகும். மீறினால் இரண்டாண்டு சிறைத் தண்டனை அல்லது ரூபாய் இருபதாயிரம் அபராதம் அல்லது இரண்டும் சேர்த்தோ தண்டனையாக வழங்கப்படும்.

INSTRUCTION

The holder of the Identity Card for Person with Disabilities is eligible to claim concessions/benefits provided by Central Government, State Government, Statutory Bodies and other Local authorities in accordance with the Act/Rules, Instructions issued by these authorities from time to time.

Whoever fraudulently avails or attempts to avail any benefit meant for persons with disabilities, shall be punishable with imprisonment for a term, which may extend to two years or with fine which may extend to twenty thousand rupees or with both.

1. 10:21
 Date of Issue
 Permanent
 1. Gender
 L.G. Christian
 2. Name
 7.4.2001
 3. Date of Birth & Age
 34/1
 4. Sex
 Male
 5. Community
 SC/ST/BC/MBC and DC/Others
 6. Address (with Telephone No)
 34/1
 7. Blood Group
 8. Education
 9. Family Income (PA)
 10. Occupation - Government / Private / Self employment
 11. Registration in Employment

Ph: 994 365 8652
 5

Yes	No
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Department of Empowerment of Persons with Disabilities,
Ministry of Social Justice and Empowerment, Government of India

Disability Certificate

Udid Card Issuing Authority, Madurai, Madurai, Tamil Nadu



Certificate No.: TN2250620010234160

Date: 15/04/2023

This is to certify that I/We have carefully examined Shri **Srinivasan L G** Son of Shri **Ganesh**, Date of Birth **07/04/2001**, Male, Registration No. **3322/00000/2101/0028087**, resident of **34/1 Thirumalai Nayakkar Street New Ramnad Road, Chinna Anupanadi - 625009**, Sub District **Madurai South**, District **Madurai**, State / UT **Tamil Nadu**

Whose photograph is affixed above, and I/We satisfied that:

(A) He is a case of **Locomotor Disability**

(B) The diagnosis in his case is **Locomotor Disability**

(C) He has **70%** (in figure) **Seventy** percent(in words) Permanent Disability in relation to his Limb as per the guidelines (Guidelines for the purpose of assessing the extent of specified disability in a person included under RPwD Act, 2016 notified by Government of India vide S.O. 76(E) dated 04/01/2018).

The applicant has submitted the following document(s) as proof of residence:

Nature of Document(s): Aadhaar card

Signature / Thumb Impression of the Person with Disability

Signature of notified Medical Authority Member

Udid Card Issuing Authority, Madurai
Madurai, Tamil Nadu



Form - II

Disability Certificate

(In cases of amputation or complete permanent paralysis of limbs
and in cases of blindness)

NAME AND ADDRESS OF THE
MEDICAL AUTHORITY
ISSUING THE CERTIFICATE



Certificate No.

Date: 10.10.2021

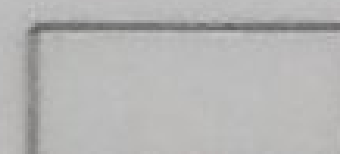
This is to certify that I have carefully examined
Shri/Smt./Kum. L. G. SRINIVASAN
son/wife/daughter of Shri. L. R. GANESH - L. G. GIRIJA Date of
Birth 07 04 2001 Age 20 years, male/female MALE
(date) (month) (year)

Registration No. _____ permanent resident of Houseⁿ No. 24/1
Ward/Village/Street BACKLIAM STREET, ANUPANADI Post-Office MUNICHALAI
District MADURAI State TAMILNADU whose photograph is affixed
above, and am satisfied that:

(A) he/she is a case of:



Locomotor Disability



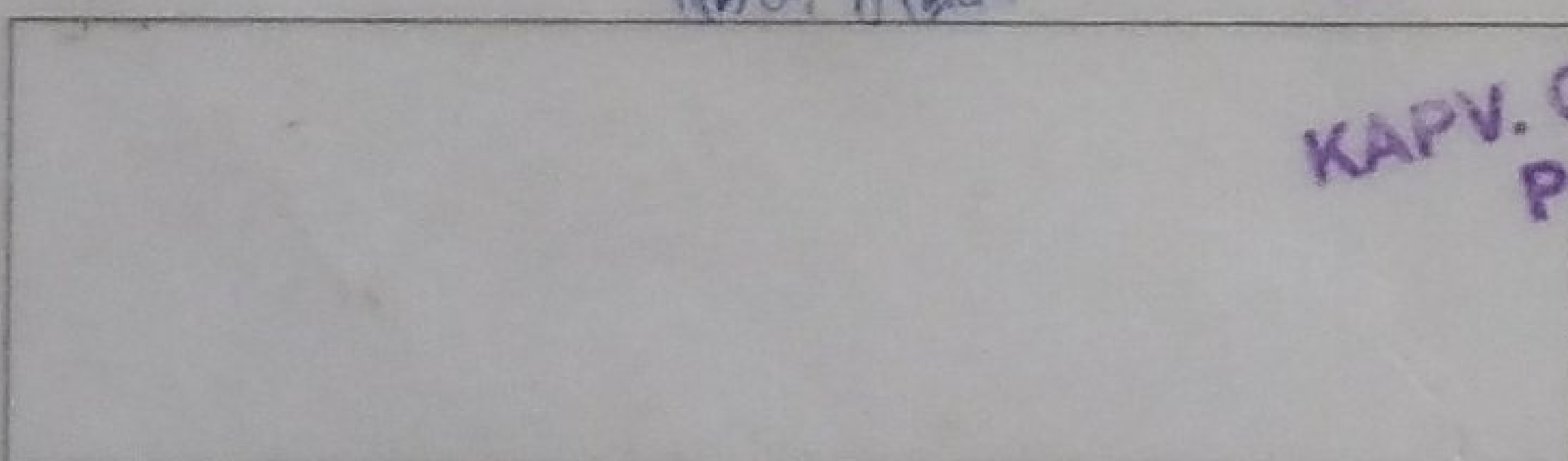
Blindness

(Please tick as applicable)

(B) the diagnosis in his/her case is ... haemochromatosis multiple exostoses ... Severely ... percent
(1) He/She has 70 % (in figure) ... percent
(in words) permanent physical Impairment/blindness in relation to his/her-----
(part of body) as per guidelines (to be specified).

(2) The applicant has submitted the following document as proof of residence:-

Nature of Document	Date of Issue	Details of authority issuing certificate
<u>C1 Scar = cartilage cap @</u> <u>3.0 cm in length,</u> <u>ulnar, humerus</u> <u>Tibia, Fibula</u>	<u>10.10.21</u>	<u>Dr. S. Srinivasan</u> <u>Assistant Professor</u> <u>Ortho. D.Ortho. DNB (Ortho)</u> <u>No. 58860</u> <u>Assistant Professor</u> <u>Dept. of Orthopaedics</u> <u>KAPV Govt Medical College</u>



Signature/Thumb Impression of the
Person in whose Favour disability
Certificate is issued

(Signature and seal of authorized
Signatory of notified Medical Authority)